

MULTIPLE DEPENDENT  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-87)

APPLICANT(S)

09/667776

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	INO.	DEP.	INO.	DEP.	INO.	DEP.		INO.	DEP.	INO.	DEP.	INO.	DEP.	INO.	DEP.
1	/						61								
2		/					62								
3		/					63								
4		/					64								
5		/					65								
6		/					66								
7		/					67								
8		/					68								
9		/					69								
10		/					70								
11		/					71								
12		/					72								
13		/					73								
14		/					74								
15		/					75								
16		/					76								
17		/					77								
18		/					78								
19		/					79								
20		/					80								
21		/					81								
22		/					82								
23	/						83								
24	/						84								
25							85								
26							86								
27							87								
28							88								
29							89								
30							90								
31							91								
32							92								
33							93								
34							94								
35							95								
36							96								
37							97								
38							98								
39							99								
40							100								
41															
42															
43															
44															
45															
46															
47															
48															
49															
50															
TOTAL	3						TOTAL								
INO.	21						INO.								
DEP.							DEP.								
TOTAL	24						TOTAL								

Best Available Copy